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POLICE DRUG DIVERSION INITIATIVE: PROFILE, THROUGHPUT AND COMPLIANCE

SEPTEMBER 2001 - DECEMBER 2008

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Executive Summary

The South Australian Police Drug Diversion Initiative (PDDI) commenced on 1st September 2001 and aims to reduce drug users' contact with the criminal justice system by providing early assessment and offering treatment to address their drug use. Individuals apprehended by police for simple possession drug offences are diverted to health assessment and offered treatment rather than proceeding through the criminal justice system. Diversion appointments are managed by the Drug Diversion Line which is staffed by Drug and Alcohol Services South Australia. A full evaluation of PDDI was conducted by the Office of Crime Statistics and Research and a full report published in 2008. This report provides an update to a section from that report and provides a profile of PDDI clients and a summary of PDDI throughput and levels of compliance by clients.

The report is based on data provided by the Drug Diversion Line and includes several types of analysis. Some examine trends over time and include data for the whole history of PDDI, some break diversions down by calendar year and some compare findings from the previous evaluation period (1st September 2001 to 31st August 2005) with those from the current evaluation period (1st September 2005 to 31st August 2008), to look for differences between the two.

Key findings:

- The number of PDDI diversions has increased each year since 2005. In 2008 there were a total of 2,234 diversions.
- Since the inception of PDDI, 80.2% of clients have been diverted once only, 13.3% have been diverted twice, 3.9% have been diverted three times and the remaining 2.6% have been diverted four or more times. The maximum number of diversions for one person is 16.
- Adult diversions continue to show an upward trend while juvenile diversions continue to decline. In 2008 adult diversions made up 71.9% of all diversions.
- Diversions from regional areas remained steady over time while metropolitan diversions showed an increase each year from 2005 onwards.
- The sex and Indigenous status breakdown of clients diverted has not changed since the previous evaluation. In the current evaluation period 78.7% of clients diverted were male and 6.5% were Indigenous.
- During the current evaluation period, adults were more likely than juveniles to have recorded multiple diversions and Indigenous clients were more likely than non-Indigenous clients to have had 2 diversions, but less likely to have had 4 or more diversions. There were no sex differences in terms of number of diversions.
- In the current evaluation period, the majority of adult first diversions were associated with amphetamines (77.0%) and for juveniles the majority of first diversions were associated with cannabis (94.7%). For adults, cannabis-related offences are dealt with through Cannabis Expiation Notices rather than through PDDI.
- For adults, there has been an increase in diversions for ecstasy over time, and also for amphetamines although that trend reversed in 2008. Adult diversions for heroin/opiates decreased over time.
- For juveniles, there has been an increase in diversions for ecstasy over time although they still represent a small minority (3.8% of diversions in 2008).
- The mean number of days between first and second diversions for the whole of PDDI is 472 (16 months). The number of days between diversions decreased with each subsequent diversion, but there was no change in this between the first and second evaluation periods.

- Compliance with diversions was highest for first diversions (82.6%). Although compliance decreased with subsequent diversions, the majority of third, fourth and subsequent diversions were still complied with (around 70%).
- Compliance tended to be higher among males compared to females, juveniles compared to adults and non-Indigenous clients compared to Indigenous clients, particularly for first and second diversions.
- During the second evaluation period 61.7% of all diversions were completed within the 28 days prescribed by the PDDI model. Average time taken to complete diversions increased with each subsequent diversion.
- Levels of compliance and time taken to complete diversions did not differ substantially in the second evaluation period as compared to the first evaluation period.

In conclusion, the findings from this report indicate that the PDDI continues to be a successful program with increasing reach, especially for adults.

Introduction

The South Australian Police Drug Diversion Initiative (PDDI) commenced on 1st September 2001 as part of the National Illicit Drug Strategy. This Strategy featured both supply reduction and demand reduction strategies, with the aim of preventing a new generation of drug users emerging in Australia. Under this Strategy, the Australian Commonwealth Government provided, and continues to provide, funding to the States and Territories for the implementation and conduct of nationally consistent early intervention diversion initiatives, aimed at diverting drug users away from the criminal justice system. The South Australian Police Drug Diversion Initiative aims to:

- provide people with early incentives to address their drug use, in many cases before incurring a criminal record;
- increase the number of illicit drug users diverted into drug education, assessment and treatment; and
- reduce the number of people appearing before the courts for use or possession of small quantities of illicit drugs.

Under PDDI, South Australian police are required to offer individuals detected for a simple possession drug offence an assessment with an accredited health worker. Following this assessment, individuals may also be offered further treatment to address their drug use. Police make an appointment for a health assessment on behalf of the individual by contacting the Drug Diversion Line, operated by Drug and Alcohol Services South Australia (DASSA). If the individual subsequently attends the appointment, no further action is taken by police. If the individual does not attend the appointment, police are notified and they may initiate the normal criminal justice process. Both adults and juveniles may be diverted. However, adults are currently not diverted for offences relating to possession of cannabis as these are dealt with separately under the Cannabis Expiation Notice (CEN) scheme. Unlike some other jurisdictions, South Australian police do not have any discretion about whether or not to divert an individual and currently there is no limit to the number of times an individual can be diverted.

A thorough evaluation of PDDI, comprising both qualitative and quantitative components, was conducted by the Office of Crime Statistics and Research (OCSAR) and published in March 2008 (O'Brien 2008). That report contains more detailed information about the implementation of the PDDI, as well as detailed findings from the evaluation.

One section of that evaluation summarised the PDDI throughput, profile of individuals diverted, compliance with PDDI and time taken to complete diversions, for diversions occurring between 1st September 2001 and 31st August 2005. This report aims to update those findings using more recent data.

Method

This report is based on data collected by the Drug Diversion Line from 1st September 2001 to 31st December 2008. The data are presented in several different ways. Some sections of the report feature data for the whole period, some are broken down by calendar year, and some are based on data for diversions occurring from 1st September 2005 to 31st August 2008 only. This 3-year period is considered the second evaluation period and enables comparisons between it and the 4-year period featured in the first evaluation report (O'Brien 2008).

Results

1 Throughput

From the inception of PDDI on 1st September 2001 to 31st December 2008, 9,093 individuals were diverted a total of 12,013 times. Overall 80.2% of clients were diverted one time only, 13.3% were diverted twice, 3.9% were diverted three times and the remaining 2.6% were diverted four or more times. The maximum number of diversions for one individual was 16. Table 1 shows that the number of diversions per year has increased steadily since 2005.

Calendar year	2002	2003	2004	2005	2006	2007	2008
Number of diversions	1,474	1,257	1,519	1,485	1,742	1,840	2,234

Figure 1 shows the number of youth and adult diversions by calendar year. It is clear that over the seven-year period the number of youth diversions declined slightly while the number of adult diversions increased steadily, particularly since 2005. In 2002 youths made up 61.9% of all diversions, decreasing to just 28.1% in 2008. Figures 2 and 3 confirm these trends. Figures 2 and 3 also show that some seasonality in diversions was evident, with diversions tending to be highest for the July and September quarters, especially the September quarter for adults.

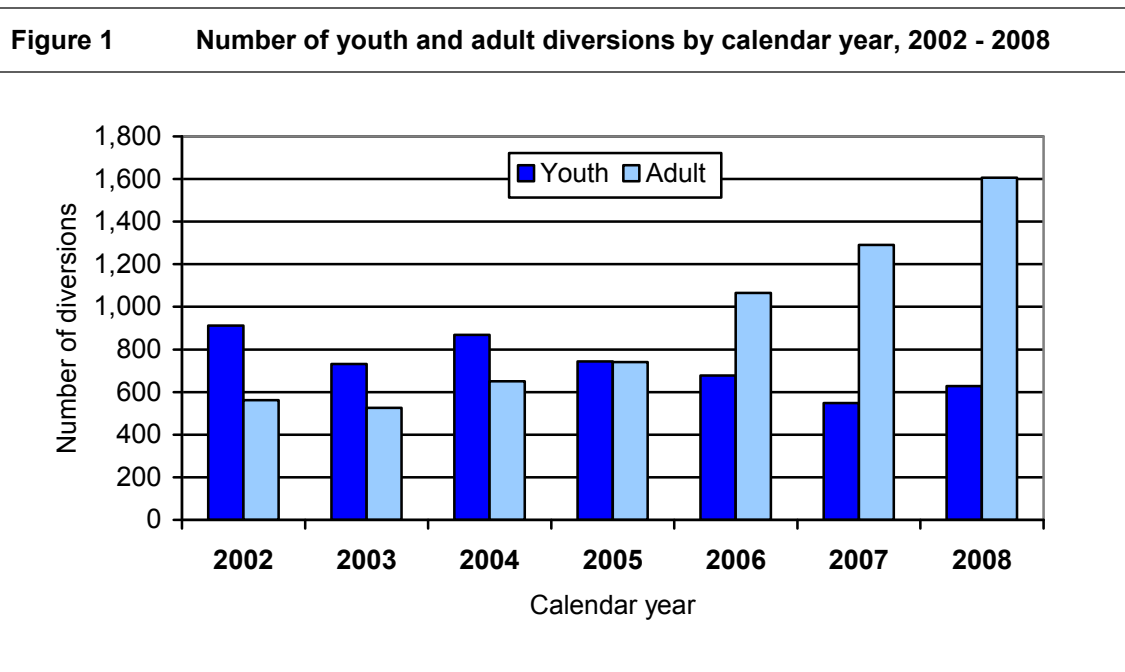


Figure 2 Number of adult diversions by quarter, October 2001 - December 2008

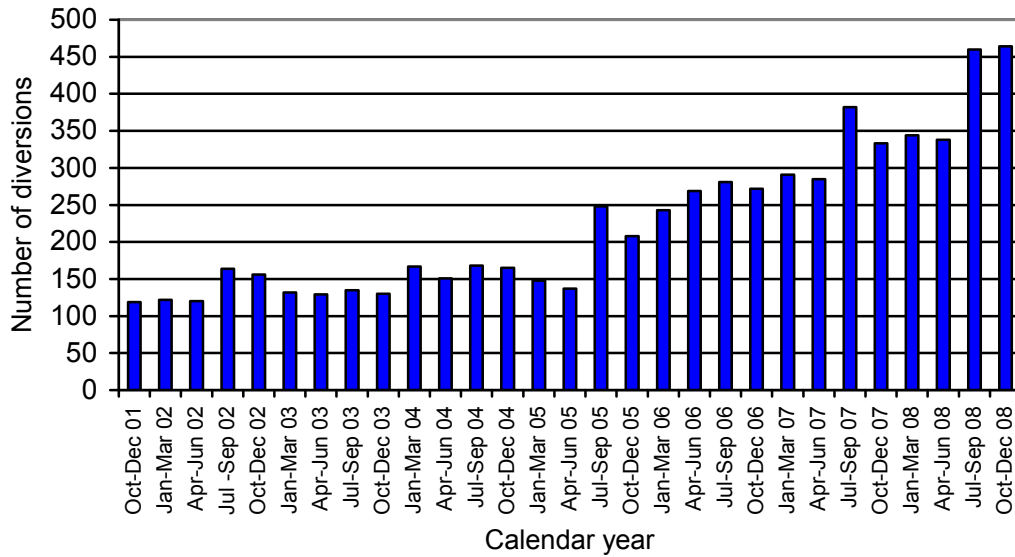


Figure 3 Number of youth diversions by quarter, October 2001 - December 2008

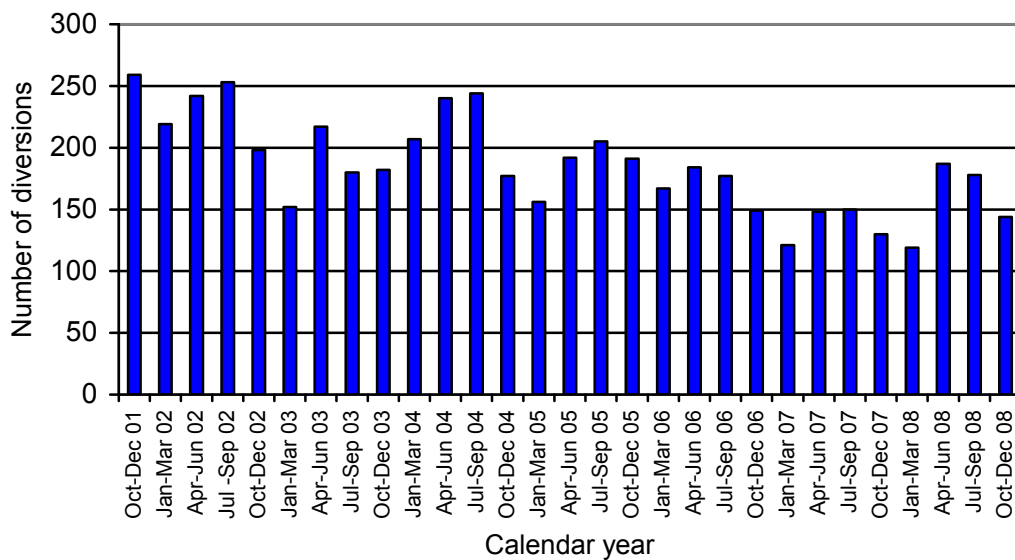
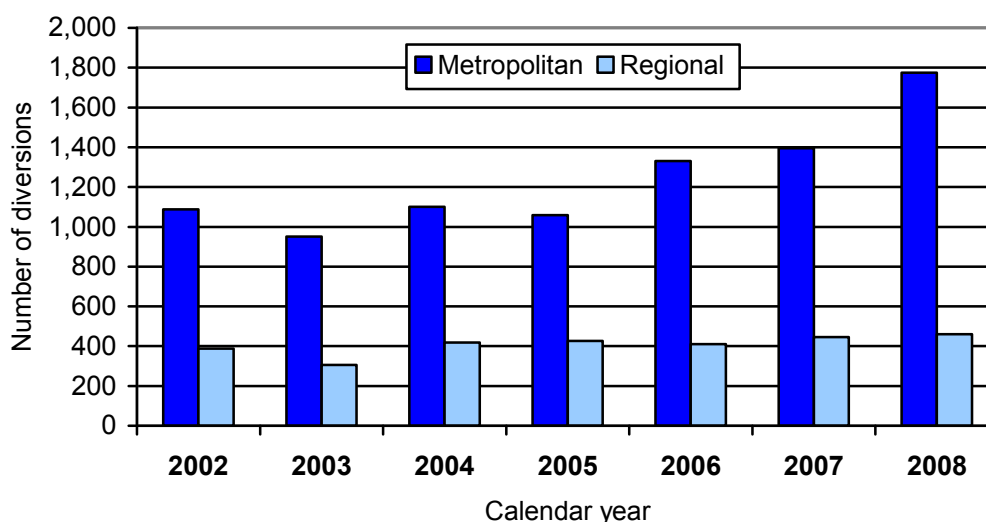


Figure 4 shows diversions occurring in metropolitan and regional areas by calendar year. While diversion numbers have increased in both area types, metropolitan diversions have shown a stronger increase. In 2002 metropolitan diversions made up 73.7% of diversions, and this increased to 79.4% in 2008.

Figure 4 Number of metropolitan and regional diversions by calendar year, 2002 - 2008



2 Profile

This section presents a profile of the characteristics of individuals diverted under PDDI. The majority of this section uses data for diversions occurring during the 3-year evaluation period from 1st September 2005 to 31st August 2008. These findings can be compared with those from the previous evaluation report (O'Brien 2008), which was based on diversions occurring between 1st September 2001 and 31st August 2005, in order to look for changes to the profile over time.

During the current evaluation period (from 1st September 2005 to 31st August 2008) there were a total of 5,525 diversions. These were not all first diversions, with 572 of these individuals having been diverted previously. In total, 4,401 individuals were diverted at least once during this period, with 3,829 (87.0%) being first diversions.

2.1 Sex

Of individuals with at least one diversion during the evaluation period, 78.7% were male and 21.3% were female. This represents a similar proportion to the previous period (79.5% male). Among juveniles, 82.7% were male and among adults, 76.4% were male. This represents a significantly higher proportion of males amongst juveniles compared to adults¹. Again, these proportions have not changed significantly from the previous evaluation period, and are also consistent with males being generally more highly represented within the criminal justice system overall.

¹ $\chi^2=23.99$, $p<0.001$

2.2 Age

Table 2 shows the age at first diversion and sex for clients with at least one diversion during the second evaluation period. Note that the first diversion may have been during the initial evaluation period. As noted in the previous section, the proportion of juvenile diversions has decreased over time, particularly since 2005. During the previous evaluation period, juveniles accounted for 59.1% of individuals diverted, but this decreased to 36.8% in the current period. The decrease was observed across all juvenile ages, with the largest proportional decrease being amongst 17 year-olds (down to 11.5% of all diversions, from 18.4% in the previous period). Conversely adult diversions increased proportionally across all groups with the largest increase being amongst 35-49 year-olds (up to 18.7% from 10.8% in the previous period).

Age	Males		Females		Total	
	No.	%	No.	%	No.	%
10-13	177	5.1	36	3.8	213	4.8
14	166	4.8	29	3.1	195	4.4
15	254	7.3	62	6.6	316	7.2
16	314	9.1	72	7.7	386	8.8
17	427	12.3	81	8.7	508	11.5
Total - youth	1,338	38.6	280	29.9	1,618	36.8
18-24	574	16.6	182	19.4	756	17.2
25-29	447	12.9	168	17.9	615	14.0
30-34	420	12.1	112	12.0	532	12.1
35-49	633	18.3	188	20.1	821	18.7
50+	53	1.5	6	0.6	59	1.3
Total - adult	2,127	61.4	656	70.1	2,783	63.2
Total	3,465	100.0	936	100.0	4,401	100.0

[^]Note that the first diversion may have been prior to the current evaluation period.

2.3 Indigenous status

Of the 4,401 individuals with at least one diversion between during the evaluation period, 285 (6.5%) were identified as Indigenous. This represents no change from the previous evaluation period. Among Indigenous individuals diverted, 70.2% were male, compared with 79.3% for non-Indigenous.² Table 3 shows that there was a higher proportion of juveniles among Indigenous individuals diverted (54.0%) than among non-Indigenous individuals (35.6%). This was statistically significant.³

Age	Indigenous		Non-Indigenous		Total	
	No.	%	No.	%	No.	%
10-13	35	12.3	178	4.3	213	4.8
14	14	4.9	181	4.4	195	4.4
15	29	10.2	287	7.0	316	7.2
16	32	11.2	354	8.6	386	8.8
17	44	15.4	464	11.3	508	11.5
Total - youth	154	54.0	1,464	35.6	1,618	36.8
18-24	34	11.9	722	17.5	756	17.2
25-29	33	11.6	582	14.1	615	14.0
30-34	29	10.2	503	12.2	532	12.1
35-49	34	11.9	787	19.1	821	18.7
50+	1	0.4	58	1.4	59	1.3
Total - adult	131	46.0	2,652	64.4	2,783	63.2
Total	285	100.0	4,116	100.0	4,401	100.0

[^]Note that the first diversion may have been prior to the current evaluation period.

2.4 Number of diversions per person

Table 4 shows the total number of diversions for individuals with at least one diversion in the second evaluation period, by sex, age at first diversion (adult or juvenile) and Indigenous status. Almost three quarters (72.1%) of clients had been diverted only once with an additional 17.2% being diverted twice. Only 14.7% of clients were diverted four or more times.

There were no significant differences between males and females in terms of number of diversions. Adults were slightly more likely than juveniles to have had multiple diversions, and Indigenous clients were more likely than non-Indigenous clients to have had 2 diversions, but less likely to have had 4 or more diversions.

² $\chi^2=13.32$, $p<0.001$

³ $\chi^2=39.10$, $p<0.001$

Table 4 Total number of diversions[^] (%) by age at first diversion (adult or juvenile), sex and Indigenous status of individuals diverted, 1st September 2005 - 31st August 2008						
	N	Total number of diversions (%)				Total
		1	2	3	4+	
Male	3,465	71.9	17.5	6.0	4.6	100.0
Female	936	73.0	16.0	5.9	5.1	100.0
Adult*	2,879	71.0	17.8	5.8	5.4	100.0
Juvenile	1,522	74.2	16.0	6.3	3.5	100.0
Indigenous**	285	71.2	19.3	6.0	3.5	100.0
Non-Indigenous	4,116	72.2	17.0	6.0	4.8	100.0
Total	4,401	72.1	17.2	6.0	4.7	100.0

[^] Diversions may have occurred in the first evaluation period.

* indicates statistically significant difference between groups (chi square), p<0.05

** indicates statistically significant difference between groups (chi square), p<0.001.

Since the previous evaluation period, the number of diversions per person has naturally increased, as there is no limit to the number of diversions per person and more time has passed for individuals to record second and subsequent diversions.

2.5 Drug type detected

2.5.1 Drug type detected at first diversion

This section investigates drug detected at the point of diversion for all diversions during the second evaluation period. Data from the Drug Diversion Line includes several fields which relate to the drug detected at diversion. Firstly, there is a 'drug detected' variable which includes the name of the drug. There is also a variable listing any drug-related equipment detected at the time of apprehension, as well as the actual offence code, as some offences are specific to particular drugs. Any secondary drugs or equipment are also listed, but this section is based on data for primary drug only.

For the following analyses, a new drug variable was created. This new variable was created using the 'drug detected' variable where possible. These were classified into groups which are listed in Tables 5 and 6. These are largely based on the Alcohol and Other Drug Treatment Services National Minimum Data Set. The full list of drugs and how they were classified may be viewed at Appendix 1, but the following should be noted in interpreting Tables 5 and 6. The 'anaesthetics' category includes the drugs ketamine and GHB. The 'ecstasy' category includes both MDMA and other phenethylamines such as MDA. The 'heroin and other opiates' category includes morphine, methadone and organic opiate analgesics. The 'prescription and licit drugs' category includes a wide range of drugs from paracetamol to benzodiazepines, anabolic steroids and opiate antagonists such as naltrexone. Although containing a broad range of drug types, this category is extremely small and separating these drug types would not enable a meaningful analysis.

There was a large proportion of cases where the 'drug detected' variable was missing or populated with 'Not Applicable' (23.2% for juveniles and 9.3% for adults). In this case, the offence code variable was used as some offences are specific to cannabis. Where this code was not drug-specific, the equipment variable was used, whereby if the individual was found in possession of an ice pipe, the drug was considered to be amphetamines. The other types of equipment were not drug-specific and so were not used to populate the new drug variable. This new variable contained missing data for only 3.1% of cases for adults and 0.4% for juveniles.

As mentioned, PDDI does not include offences associated with cannabis for adults because adult minor cannabis offences are dealt with under a separate scheme (CENs), but it does include cannabis offences for juveniles. Because of this difference all data regarding drug type is presented for adults and juveniles separately. Tables 5 and 6 show drugs associated with the first diversion (for clients with at least one diversion in the evaluation period), by sex and indigenous status, for adults and juveniles respectively (based on age at first diversion).

For adults, amphetamines were by far the most common drug type detected at first diversions (77.0%), followed by ecstasy (13.3%). Female adults were more likely than males to be diverted for amphetamines or heroin/opiates and less likely to be diverted for ecstasy. There were no significant differences between Indigenous and non-Indigenous clients, probably partly because of the small number of Indigenous clients.

Drug detected at first diversion [^]	Males		Females		Indigenous		Non-Indigenous		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Amphetamines	1,612	75.8	530	80.8*	107	81.7	2,035	76.7	2,142	77.0
Cannabis	3	0.1	0	-	0	-	3	0.1	3	0.1
Cocaine	23	1.1	0	-	0	-	23	0.9	23	0.8
Hallucinogens	24	1.1	7	1.1	0	-	31	1.2	31	1.1
Heroin/Opiates	76	3.6	39	5.9*	13	9.9	102	3.8	115	4.1
Anaesthetics	6	0.3	1	0.2	0	-	7	0.3	7	0.3
Ecstasy	314	14.8	56	8.5**	6	4.6	364	13.7	370	13.3
Inhalants	0	-	0	-	0	-	0	-	0	-
Prescription or licit drugs	4	0.2	2	0.3	0	-	6	0.2	6	0.2
Unknown	65	3.1	21	3.2	5	3.8	81	3.1	86	3.1
Total	2,127	100	656	100	131	100	2,652	100	2,783	100

[^] Diversions may have occurred in the first evaluation period.

* indicates statistically significant difference between groups (chi square), p<0.05.

** indicates statistically significant difference between groups (chi square), p<0.001.

Amongst juveniles, cannabis was by far the most common drug detected at first diversions (94.7%), followed by amphetamines (2.5%). Males were more likely to be first diverted for cannabis than females, who were more likely than males to be first diverted for amphetamines.

It must be emphasised that data presented in these tables is not comparable to that regarding drug at first diversion from the previous evaluation because the drugs have been categorised differently and the drug variable has been populated using a different method.

Drug detected at first diversion [^]	Males		Females		Indigenous		Non-Indigenous		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Amphetamines	28	2.1	12	4.3*	2	1.3	38	2.6	40	2.5
Cannabis	1,277	95.4	255	91.1*	150	97.4	1,382	94.4	1,532	94.7
Cocaine	0	-	0	-	0	-	0	-	0	-
Hallucinogens	1	0.1	0	-	0	-	1	0.1	1	0.1
Heroin/Opiates	3	0.2	3	1.1	1	0.6	5	0.3	6	0.4
Anaesthetics	0	-	0	-	0	-	0	-	0	-
Ecstasy	22	1.6	5	1.8	1	0.6	26	1.8	27	1.7
Inhalants	0	-	0	-	0	-	0	-	0	-
Prescription or licit drugs	7	0.5	1	0.4	0	-	8	0.5	8	0.5
Unknown	4	0.3	2	0.7	0	-	6	0.4	6	0.4
Total	1,338	100	280	100	154	100	1,464	100	1,618	100

[^] Diversions may have occurred in the first evaluation period.

* indicates statistically significant different between groups (chi square), p<0.05.

** indicates statistically significant different between groups (chi square), p<0.001.

2.5.2 Drug detected at second and subsequent diversions

Tables 7 and 8 show drug detected at the second and subsequent diversions for adults and juveniles respectively, who had at least one diversion during the evaluation period. Table 7 shows that for adults amphetamine-related diversions make up an increasing proportion of diversions with each subsequent diversion, while ecstasy-related diversions make up a smaller proportion with each subsequent diversion. For fourth and subsequent diversions, amphetamines are associated with over 90% of diversions. This may indicate that amphetamines are associated with ongoing drug use, and perhaps dependence, to a greater degree than the other drugs listed (bearing in mind that cannabis is excluded from PDDI).

For juveniles, although amphetamines are associated with a far smaller proportion of diversions, the proportion increased with each subsequent diversion. However, cannabis still accounts for the vast majority of diversions suggesting that for juveniles, this is the drug most associated with ongoing drug use.

Drug detected at second and subsequent diversions^	Diversion number		
	2 N=807	3 N=311	4+ N=359
Amphetamines	85.3	87.5	90.5
Cannabis	-	-	-
Cocaine	0.7	0.3	0.3
Hallucinogens	0.6	1.0	0.8
Heroin/Opiates	3.7	2.9	2.5
Anaesthetics	0.4	-	-
Ecstasy	6.6	5.8	2.8
Inhalants	-	-	-
Prescription or licit drugs	-	-	0.3
Unknown	2.7	2.6	2.8
Total	100.0	100.0	100.0

^ Diversions may have occurred in the first evaluation period.

Table 8 Drug detected (%) at second and subsequent diversions^ for juveniles diverted, 1st September 2005 - 31st August 2008			
	Diversion number		
Drug detected at second and subsequent diversions^	2 N=421	3 N=162	4+ N=117
Amphetamines	1.7	3.1	6.0
Cannabis	97.1	92.6	93.2
Cocaine	-	-	-
Hallucinogens	-	-	-
Heroin/Opiates	0.5	0.6	-
Anaesthetics	-	-	-
Ecstasy	0.7	1.9	-
Inhalants	-	-	-
Prescription or licit drugs	-	0.6	-
Unknown	-	1.2	0.9
Total	100.0	100.0	100.0

2.5.3 Drug detected over time (all diversions)

In order to investigate the change in drugs detected at diversions over time, further analyses were undertaken. This section is based on all diversions, not individuals, and broken down by calendar year for the whole PDDI period, rather than just for the evaluation period. Again, adults and juveniles were analysed separately. Table 9 shows that the proportion of adult diversions for amphetamines peaked in 2006 and has shown a decline since then, particularly in 2008. The upward trend to 2007 is highly statistically significant⁴, but adding data for 2008 makes the entire trend non-significant, indicating a strong change in 2008. However, amphetamines still account for the large majority of diversions in 2008 (over 70%). The proportion of adult diversions for heroin/opiates has also decreased over time⁵ (from a peak of 11.2% in 2003 down to 3.6% in 2008), while the proportion for ecstasy has shown a strong increase⁶, particularly in 2008 (up to 17.6% from 10.1 in 2007).

Table 10 shows that, amongst juveniles, cannabis accounts for the large majority of diversions in each year (over 90%). Juvenile diversions for ecstasy have shown a statistically significant increase over time.⁷

⁴ χ^2 trend = 12.85, p<0.001

⁵ χ^2 trend = 76.84, p<0.001

⁶ χ^2 trend = 85.69, p<0.001

⁷ χ^2 trend = 6.601, p<0.05

Table 9 Drug detected at diversion (% of all adult diversions) by calendar year, 2002 - 2008							
Drug type	2002	2003	2004	2005	2006	2007	2008
	N=562	N=526	N=651	N=741	N=1,065	N=1,291	N=1,606
Amphetamines	78.6	75.7	75.9	79.2	83.1	81.8	72.4
Cannabis	-	-	0.2	-	0.1	0.2	0.1
Cocaine	0.9	0.8	0.8	0.5	1.1	0.5	0.7
Hallucinogens	1.2	1.3	1.7	2.0	0.8	0.9	1.4
Heroin/Opiates	8.4	11.2	9.7	5.8	3.0	3.0	3.6
Anaesthetics	0.4	0.4	0.8	0.5	0.2	0.1	0.7
Ecstasy	6.4	6.1	7.1	8.2	10.1	10.1	17.6
Inhalants	-	1.3	-	-	-	-	-
Prescription or licit drugs	1.6	1.9	0.8	0.8	0.2	0.0	0.1
Unknown	2.5	1.3	3.2	2.8	1.3	3.6	3.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 10 Drug detected at diversion (% of all juvenile diversions) by calendar year, 2002 - 2008							
Drug type	2002	2003	2004	2005	2006	2007	2008
	N=912	N=731	N=868	N=744	N=677	N=549	N=628
Amphetamines	1.4	1.9	2.8	2.3	1.9	3.1	2.4
Cannabis	96.7	96.7	94.9	95.7	96.6	94.9	92.8
Cocaine	-	-	-	-	-	-	-
Hallucinogens	0.2	0.3	-	0.1	0.1	-	-
Heroin/Opiates	0.5	0	0.3	0.4	0.3	-	0.3
Ecstasy	0.1	0.4	0.7	0.7	0.3	1.5	3.8
Inhalants	-	0.1	-	-	-	-	-
Prescription or licit drugs	0.2	-	0.1	0.1	0.4	-	0.6
Unknown	0.8	0.5	1.2	0.7	0.3	0.5	-
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

2.6 Number of days between diversions

As mentioned previously, 19.4% of individuals have been diverted more than once since the inception of PDDI. This proportion has increased slightly from 14.8% for the first 4 years of the Initiative. This is to be expected because individuals are allowed to be diverted an unlimited number of times and therefore some individuals would have recorded repeat diversions since the first evaluation period.

Table 11 summarises the number of days between diversions for the entire PDDI period. The mean number of days between first and second diversions was 472 (16 months), with a maximum of 2,545 days (almost seven years). The number of days between diversions decreases with each subsequent diversion, with the mean time between fifth and sixth diversions being 187 days (just over six months).

Diversion number	N	Mean	SD	Maximum	Minimum
2	1,800	472	505.7	2,545	0
3	595	331	374.6	2,209	0
4	239	280	319.7	1,926	0
5	116	202	232.6	901	0
6	69	187	292.5	1,881	1

A separate analysis was carried out to determine if the number of days between diversions had changed over time. To counter the fact that the mean time between diversions is constantly increasing due to the increasing time period available to record second and subsequent diversions, two new groups were created. The first group contained clients who recorded their first diversion between 1st September 2001 and 31st August 2004 and included all diversions for these individuals occurring within that 3-year period. The second group contained clients who were first diverted between 1st September 2005 and 31st August 2008 and included all diversions recorded by these individuals in that 3-year period. These two groups were compared in terms of the mean number of days between first and second diversions, second and third diversions, and so on.

The results are shown in Table 12. Although there was some variation between the two groups, none of these differences were statistically significant.⁸ This indicates that although the mean time between diversions is increasing for PDDI overall (because the program continues to allow repeat diversions by existing clients), new clients recording their first diversion in the second period did not record their second or subsequent diversion any more slowly or quickly than did clients in the first period.

⁸ Independent samples t-test indicated no significant differences between the groups for mean number of days between any two diversions (i.e. $p > 0.05$).

Table 12 Mean number of days since previous diversion, 1st September 2001 - 31st August 2004 and 1st September 2005 - 31st August 2008.				
	Diversion number			
	2	3	4	5
First period (1st September 2001 to 31st August 2004)	247	202	199	59
Second period (1st September 2005 to 31st August 2008)	259	184	153	104

3 Compliance

3.1 Compliance by sex, age at first diversion and Indigenous status

During the evaluation period there were 5,525 diversions recorded, involving 4,401 individual clients. Of these, 3,829 (87.0%) were first diversions. This section shows compliance with diversions, by diversion number, for clients with at least one diversion in the evaluation period, but only for diversions occurring during the period. For example, first diversions includes all first diversions occurring during the evaluation period. Second diversions includes all second diversions occurring during the evaluation period, even if the first diversion occurred prior to the evaluation period.

Tables 13 to 16 show compliance by diversion number, sex, age at first diversion (adult or juvenile) and Indigenous status. The small number of missing cases are likely to be for diversions which have not yet been finalised. Overall compliance was highest for the first diversion (82.6%) and declined with each subsequent diversion, with the exception that overall compliance for fourth and subsequent diversions (71.6%) was slightly higher than for third diversions (69.3%). However, even for third, fourth and subsequent diversions, the majority of clients still attended assessments.

There were no consistent patterns of compliance according to sex, age at first diversion or Indigenous status. Indigenous clients were less likely than non-Indigenous clients to attend first and second diversions, but were slightly more likely (not statistically significant) to attend fourth and subsequent diversions. Males were more likely than females to attend first and third diversions. Juveniles were more likely than adults to attend first diversions, but were slightly less likely (not statistically significant) to attend third diversions.

Table 13 Compliance with first diversion by sex, age at first diversion (adult or juvenile) and Indigenous status, 1st September 2005 - 31st August 2008					
	N	Attended	Failed to attend	Missing	Total
Male*	3,011	83.6	15.8	0.6	100.0
Female	818	78.9	19.9	1.2	100.0
Adult**	1,357	79.8	19.5	0.8	100.0
Juvenile	2,472	87.7	11.7	0.6	100.0
Indigenous**	240	64.2	34.6	1.3	100.0
Non-Indigenous	3,589	83.8	15.5	0.7	100.0
Total	3,829	82.6	16.7	0.7	100.0

* indicates statistically significant difference between groups (chi square), p<0.05

** indicates statistically significant difference between groups (chi square), p<0.001.

Table 14 Compliance with second diversion by sex, age at first diversion (adult or juvenile) and Indigenous status, 1st September 2005 - 31st August 2008					
	N	Attended	Failed to attend	Missing	Total
Male	769	76.9	22.2	0.9	100.0
Female	192	70.8	28.1	1.0	100.0
Adult	564	73.6	25.7	0.7	100.0
Juvenile	397	78.6	20.2	1.3	100.0
Indigenous*	67	59.7	38.8	1.5	100.0
Non-Indigenous	894	76.8	22.3	0.9	100.0
Total	961	75.7	23.4	0.9	100.0

* indicates statistically significant difference between groups (chi square), p<0.05

** indicates statistically significant difference between groups (chi square), p<0.001.

Table 15 Compliance with third diversion by sex, age at first diversion (adult or juvenile) and Indigenous status, 1st September 2005 - 31st August 2008					
	N	Attended	Failed to attend	Missing	Total
Male*	279	73.5	25.4	1.1	100.0
Female	76	53.9	44.7	1.3	100.0
Adult	215	75.0	25.0	-	100.0
Juvenile	140	65.6	32.6	1.9	100.0
Indigenous	23	56.5	43.5	-	100.0
Non-Indigenous	322	70.2	28.6	1.2	100.0
Total	355	69.3	29.6	1.1	100.0

* indicates statistically significant difference between groups (chi square), p<0.05

** indicates statistically significant difference between groups (chi square), p<0.001.

Table 16 Compliance with fourth and subsequent diversions by sex, age at first diversion (adult or juvenile) and Indigenous status, 1st September 2005 - 31st August 2008					
	N	Attended	Failed to attend	Missing	Total
Male	289	72.0	28.0	-	100.0
Female	91	70.3	29.7	-	100.0
Adult	266	73.7	26.3	-	100.0
Juvenile	114	70.7	29.3	-	100.0
Indigenous	25	80.0	20.0	-	100.0
Non-Indigenous	355	71.0	29.0	-	100.0
Total	380	71.6	28.4	-	100.0

* indicates statistically significant difference between groups (chi square), p<0.05

** indicates statistically significant difference between groups (chi square), p<0.001.

Results here are presented slightly differently to the original evaluation, meaning that direct comparisons cannot be drawn. However, compliance appears to have improved slightly for the second evaluation period. For example, for individuals who have been diverted once throughout the life of PDDI, compliance (excluding missing cases) has increased from 80.5% in the previous evaluation to 84.3% for the current evaluation period.⁹

⁹ $\chi^2=14.3$, p<0.001

3.2 Time taken to complete diversions

Overall 61.7% of diversions occurring in the current evaluation period were completed within the 28 days prescribed by the PDDI model. This represents a slight decline from 68.9% in the previous evaluation period. Amongst this group, 13.2% were completed within 5 days which is comparable to the previous period (12.0%).

Table 17 shows that the mean number of days taken to complete a diversion was 39, with a maximum of 712 days (almost 2 years). The table also shows that the mean number of days taken to complete the diversion increased with each subsequent diversion.

	N	Mean	SD	Maximum	Minimum
First diversions	3,158	31.0	46.6	564	0
Second diversions	1,109	42.5	65.3	712	0
Third diversions	547	47.4	47.4	678	1
Fourth and subsequent diversions	684	64.7	64.7	694	1
All diversions	5,498	39.1	59.6	712	0

Table 18 shows that on average, females took longer to complete diversions than males, which is opposite to the previous evaluation period. On average juveniles completed diversions more quickly than adults (consistent with the previous evaluation period), and non-Indigenous clients completed diversions more quickly than Indigenous clients. Findings regarding completion by Indigenous status were varied in the previous evaluation period, but in that period Indigenous clients completed their first diversion more quickly than non-Indigenous clients, which is opposite to the finding here for all diversions.

	N	Mean	SD	Maximum	Minimum
Male*	4,329	38.2	56.6	712	0
Female	1,169	42.7	69.5	678	0
Adult**	3496	44.0	65.7	694	0
Juvenile	2002	30.7	46.0	712	0
Indigenous*	351	48.0	65.4	694	0
Non-Indigenous	5147	38.5	59.2	712	0
Total	5,498	39.1	59.6	712	0

* indicates statistically significant difference between groups (t-test), p<0.05

** indicates statistically significant difference between groups (t-test), p<0.001.

Discussion

This report shows that over time the Police Drug Diversion Initiative has continued to grow, with an increasing number of diversions, especially in recent years. On the one hand this means that an increasing number of drug users are receiving access to health assessment and treatment, which is a positive outcome, but on the other hand it suggests that drug use is a continuing problem. Similarly, the declining number of juveniles being diverted may mean that less juveniles are using drugs, or just that less are being detected. Findings from the National Drug Strategy Household Surveys do indicate that reported illicit drug use is declining amongst the Australian population overall, particularly amongst juveniles (AIHW 2008a). South Australia has shown only small declines in juvenile reported illicit drug use in recent years (AIHW 2008b, AIHW 2005, AIHW 2002), but it is possible that declines have continued since the last survey in 2007. It is likely that the decline in juvenile diversions observed here may be due to a decline in both actual use and in detections.

The increasing proportion of metropolitan as opposed to regional diversions is not of particular concern, given that actual numbers of regional diversions are not declining and therefore drug users in regional areas are still receiving access to assessment and treatment through the diversion process.

The sex and Indigenous status profile of individuals diverted under PDDI has not changed substantially from the previous evaluation. The large proportion of males being diverted is consistent with their over-representation in the criminal justice system generally. Indigenous individuals are also over-represented amongst those diverted, which is also consistent with their representation in the criminal justice system overall.

The mean and maximum number of diversions per person has continued to increase since the previous evaluation, which is to be expected given that there is currently no maximum number of diversions allowed per person. There were no strong, consistent differences by age, sex or Indigenous status in terms of the number of diversions per person.

With regard to drug type, cannabis has remained by far the most commonly detected drug for juveniles, while amphetamines have remained the most commonly detected for adults. However, there have been some changes over time. For adults, amphetamine detections initially increased, peaking in 2006, but have shown a slight proportional decline since then, while ecstasy detections showed a steady increase across all years, especially for 2008. Detections of heroin have decreased proportionately over time. For juveniles, cannabis detections have shown a slight proportional decrease over time, with detections of amphetamines and ecstasy showing slight increases.

Amphetamines were increasingly likely to be detected at second and subsequent diversions for both adults and juveniles (although still a minority of drugs detected for juveniles), possibly indicating that this is the drug most likely to be associated with long-term use.

With regard to time between diversions and time taken to complete diversions, time between diversions has decreased slightly since the previous evaluation period, and tended to decrease with each subsequent diversion. Most diversions were completed within 28 days, but the average time taken to complete a diversion increased from the last evaluation period (39 days) and some extreme cases took a very long time to complete (i.e. up to 2 years).

The majority of diversions were complied with. There were no consistent patterns with regard to sex, age or Indigenous status of clients, but females and Indigenous clients tended to be less compliant than males and non-Indigenous clients. Compliance generally decreased with each subsequent diversion, but even the majority of third, fourth and subsequent diversions were complied with (around 70%).

In conclusion, the findings from this report indicate that the PDDI continues to be a successful program with increasing reach, especially for adults.

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Appendix 1: Drug Categories

Category	Drug (as listed in PDDI dataset)
Amphetamines	Methamphetamine Dexamphetamine Amphetamines NFD Methylphenidate
Cannabis	Cannabis - Hash, Pot etc.
Cocaine	Cocaine
Hallucinogens	Lysergic acid diethylamide (LSD) Psilocybin Other Stimulants & Hallucinogens
Heroin and other opiates	Heroin Methadone Levomethadyl acetate hydrochloride Morphine (incl. Opium) Organic Opiate Analgesics
Anaesthetics (e.g. GHB, Ketamine)	Gamma-hydroxybutyrate (incl. Liquid Ecstasy) Ketamine
Ecstasy and other phenethylamines	MDMA (incl Ecstasy) MDA
Prescription and licit drugs	Analgesics Benzodiazepines Diazepam Steroids - Anabolic androgenic Paracetamol (incl. Panadol) Opiate Antagonists Miscellaneous Drugs (incl. Prescription Drugs)
Inhalants	Petroleum